NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER
NURSING DEPARTMENT

PROCEDURE: Continuous Bladder Irrigation

Approved:

Clare Hastings, RN, PhD
Chief, Nursing and Patient Care Services

Formulated: 10/01
Implemented: 1/02
Revised:

I. Continuous Bladder Irrigation

A. Equipment:

- Gloves
- Irrigation solution
- Y-type TUR (trans urethral resection)/bladder irrigation set
- 3-way foley catheter and catheter insertion kit
- Foley tubing and drainage bag
- Catheter adapter with male luer-lok (used if irrigation stopped and catheter requires plugging)
- IV pole

B. Steps	Key Points
1. Verify medical order for insertion of 3-way foley catheter, initiation of continuous bladder irrigation (CBI), irrigation solution and flow rate.	
2. Insertion of 3-way foley catheter.	2. Per procedure for Insertion of Retention Catheter.
3. Verify patency of 3-way foley	3. Foley must be patent and draining to prevent over-inflation or rupture of bladder.
4. Using aseptic technique, clamp tubing and connect irrigation solution to tubing. Hang on IV pole.	4. Irrigation solution to be infused by gravity flow only. Use on an infusion device prohibited.
5. Prime tubing with irrigation solution.	5. Removes air from tubing.
6. Label irrigation tubing and solution with date, time and initials.	6. Tubing and bag changed to prevent infection.
7. Attach drainage bag to bed or chair below level of bladder.	7. Facilitates drainage by gravity flow.
8. Manually open clamp on irrigation solution and regulate flow to medical order.	
9. Assess for urine flow into drainage bag. If catheter not draining, reposition foley tubing and ensure no kinks present.	9. Manual irrigation may be necessary if catheter not draining. With medical order, cather may be irrigated per procedure for Irrigating a Catheter or Bladder (closed system).
10. Assess patient for bladder distention, pain, color and clarity of urine, clots.	
11. When continuous irrigation stopped, catheter adapter and leur-lok used to cap irrigation port on foley.	11. Maintains sterility of inner catheter lumen and drainage tubing, reduces potential of introducing pathogens into bladder.

C. Documentation

1. In MIS/Permanent Medical Record:
   a. Date/time CBI initiated and ended.
   b. Assess patency of foley catheter Q1 hour and document Q4 hours
   c. Rate of irrigation/type of irrigation solution.
   d. Patient's response to treatment (pain, bladder distention, color and clarity of urine, clots)
2. Bedside monitoring:
   a. Utilize CBI flowsheet (see Appendix A) or other appropriate form.

D. References:

1. Kozier, Erb, etal, (l993). Techniques in Clinical Nursing (4th Edition). Benjamin/Cummings.
2. Getliffe, K. (l996). Bladder Instillations and Bladder Washouts in the Management of Catheterized Patients. Journal of Advanced Nursing, 23. 548-554.
3. Perry, Potter, (1990). Clinical Skills and Techniques (2nd Edition).

E. Appendices:

"CBI flowsheet 2"

1. Continuous Bladder Irrigation Flowsheet